(050) Carr	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278014	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana C	Cellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana C	ellular, LLC	
<113>		900 West Valley Roa		
<114>		Wayne		
<115>	-	PA		
<116>		19087	· · ·	
<117>	Talanhana Number			
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
Contact Ir	if same as above, indicate in this box Name (First, MI, Last, Suffix)			
<121>		Chad Strausbaugh		
<122>	_	Central Louisiana Ce	ellular, LLC	
	City	300 West Valley Road	d Suite 600	
<123>	_	Nayne		
<124>		PA		
<125>	Zip-Code <u>1</u>	19087		
<126>	Telephone Number	5105356474 ext.		
<127>	Fax Number 6	5106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
	-			
<138>	Email Address			

<015>	Study Area Name	Central Louisiana Cellular, LLC
<010>	Study Area Code	278014
(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No: 3060-1185 Page 3 of 8

<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	278014_CPRd_LA.zip
Coverage and Performace attachments	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block		Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				9	See attach	ed worksl	neet			

,	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability	Certification Compliance		FCC Form 690
			Approved by OMB OMB Control No. 3060-1185
			Page 4 of 8

	<010>	Study Area Code	278014
	<015>	Study Area Name	Central Louisiana Cellular, LLC
Ξ	<020>	Program Year	2018
	<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Ξ	<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	eruncation of Officer of Emp	loyee as to Compliance with 47	CFR 954.1009(a)(4)					
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.								
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC	940						
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018					
Printed name of Authorized Officer:	Chad Strausbaugh							
Title or position of Authorized Officer:	Staff Counsel							
Telephone number of Authorized Officer:	6105356474 ext.							
Study Area Code of Reporting Carrier:	278014	Filing Due Date for this form:	07/02/2018					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the report	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports a	nd data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment in Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorize	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
Hame of Reporting Carrier:	owieuge, the miormation reported herein is accurate.
Jame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
lame of Authorized Agent Employee:	· · · •
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	The state of the s
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

80) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278014	
<015>	Study Area Name		Central Louisiana Cellular, LLC	***
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <0:	30> 6105356474 ext.	10.00
<039>	Contact Email Address - Email Address of person identif			
<142>	State			
:143>	County			
444				
144>	Tribal Land(s) on which ETC Serves			
:145>	Tribal Government Engagement Obligation	Name of Attached D	Oocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	he attached	e) for	
:146>	Needs assessment and deployment planning with a focu	us on Tribal	Select (Yes, No, Not Applicable)	

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<147>

<148>

<149>

<150>

<151>

<152>

<153> <154>

Feasibility and sustainability planning;

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278014
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	108738.00
<203>	Total Mobility Fund Support Disbursed	100256.44
<210> <211>	Actual Completion Date Project Status Description (attached)	07/08/2015 278014_PSD_LA.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?) 3G

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(101) Certification - Reporting Carrier	FCC Form 690	
	Approved by OMB	
	OMB Control No. 3060	-1185
	Page 7 of 8	

<010>	Study Area Code	278014
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Central Louisiana Cellular, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278014	Filing Due Date for this form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Transfer to the second	
(102) Certification - Agent / Carrier	FCC Form 690
Mart continuon region control	i comunication in the second s
	Approved by OMB
	어른 살이다. 그리다 생각이 있는 그는 그리고 가게 되는 것이 되고 있는데 그는 그리고 있다면 하는 것 같습니다. 그런 그는 그는 그는 그를 하는데 하는데 말이 그는 그를 그는 그를 모르는데 나를 다 되었다. 나를 그리고 있는데 그를 모르는데 나를 다 되었다. 나를 그리고 있는데 그를 그는데 그를 모르는데 나를 다 되었다. 나를 그렇게 되었다면 그를 그렇게 되었다. 나를 그렇게 되었다면 그를 그렇게 그를 그렇게 되었다면 그를 그렇게 그를 그렇게 되었다면 그를 그렇게 그를 그렇게 그를 그를 그렇게 그를 그렇게 그를 그를 그렇게 그를 그를 그렇게 그를
그 [1] 전상하다는 그는 15년 1일 전에 가는 이 기반이다고 있는 사람들은 그들은 경영 중앙 중앙 하는 기술을 통하고 있는 것이다는 기업상을 모르고 있다고 있다.	영화를 생활했다. 그러워 문제화를 받아가는 그들은 마음을 마음을 하고 있다. 그들은 사람들은 사람들은 사람들은 그는 그는 그는 그는 그를 하는 것이 그리는 것이 되었다. 그는 그를 되었다. 그를 모르는 그를 다 되었다.
	OMB Control No. 3060-1185
	VIND CORROCTION JOURNAL 1
	100 miles and the contract of
	Page 8 of 8

<010>	Study Area Code	278014
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the reporting on sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized by byided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of	Reporting Carrier
	horized to submit the reports for Mobility Fund recipients on being carrier; and, to the best of my knowledge, the information rep	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Age	nt	
	Aganti	
elephone number of Authorized Agent or Employee of A	Agent:	

Attachments

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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278014
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a2> <a3> <bi> <b2> <b3> <c1> <c2> <a1> <c3> <d> Certify that **Total Road** Coverage and **Total Resident** Resident **Road Miles** Miles Performacne Population per Census Resident Population Road Miles covered per data is uploaded **Newly Reached** per Census Population per Reached by **Block Newly** Census Block (yes/no) State Census Block by Service County Census Block Service Block Reached Sabine 0000 LA 0 Yes 0.0 0.0 0.0

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 278014

County/State: Sabine, LA

Total Award Amount: \$108,738.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility				Approved by OMB
	- §54.1009 Annual Reporting		Acces December	OMB 3060-1185
Data Col	lection Form		Avg. Burde	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	278015		
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2018		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Socretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		,
	+			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	\odot
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	rler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		278015	
<015>	Study Area Name		Central Louisiana Cellular, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of per		6105356474 ext.	
<039>	Contact Email Address - Email Address of pe		cstrausbauch@cellonenation.com	
<110>	FCC Registration Number	20165583		
<111>	Filing Carrier Name	Central Louisiana (Collular IIC	
<112>				
	Winning Bidder Carrier Name	Central Louisiana (
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
	if same as above, indicate in this box	✓		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Central Louisiana C	ellular, LLC	
<122>	Street Address (or PO Box)	900 West Valley Roa	d Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box	7		
<130>	Name (First, MI, Last, Suffix)			
<131>				
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State	1000 · · · · · · · · · · · · · · · · · ·		
<135>	Zip-Code			
	•			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	278015_CPRd	_LA.zip

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<62>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
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			(see attach	ed works	neet			
							 		
								-	
				•				<u> </u>	

(070) Urban Rate Comparability Certificatio	n Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
		FORG 9 OF CO.

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Er	mployee as to Compliance with 47 CFR §54.1009(a)(4)			
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LI	LC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	278015	Filing Due Date for this form: 07/02/2018				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:	50-10-20-10-00 ·				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.				

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on					
data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:	Date:				
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Agent					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278015	
<015>	Study Area Name		Central Louisiana Cellular, LLC	·
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this	data	2018	
<035>	Contact Telephone Number - Number of person identified in		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person identified i		_6105356474 ext. cstrausbaugh@cellonenation.com	1 100 (5.1 ° 5.1 °
			cstrausbaudn@ceilonenation.com	
<142>	State			
				
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	-			
			·	
<145>	Tribal Government Engagement Obligation			
	Na	me of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, N	Not Applicable) for		
	each of these boxes to confirm the status described on the			
	PDF, on line 145, demonstrates coordination with the Triba			
	government pursuant to § 54.1004 includes:	''		
	0			
			,	
		l l	elect	
<146>	Needs assessment and deals were transfer with a form		No, Not Applicable)	
/140/	Needs assessment and deployment planning with a focus o	n iribai	1	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;	<u> </u>		

.

<149> Compliance with Rights of way processes

Compliance with Facilities Siting rules

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<150>

<151>

<152>

<153> <154>

(090) Project Update Information		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	85806.00
<203>	Total Mobility Fund Support Disbursed	82082.02
-210 >	Actual Completion Date	06/15/2015
<210>	Actual Completion Date	06/15/2015
<211>	Project Status Description (attached)	278015_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	<u> </u>
-242	Natural Will Connect 20/4C Mobile Service 2	22. 0.10
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Cert	ification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	278015	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the pest of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Central Louisiana Cellular, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018			
Printed name of Authorized Officer: Chad Strausbaugh				
Fitle or position of Authorized Officer:				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 278015	Filing Due Date for this form: 07/02/2018			

06/28/2018

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	(강기병) (강기상 영화 (강) (강) (강) (강기성 (강) (강기성 (강) (강기성 (강) (강기성 (강) (강기성 (강기성 (강기성 (강기성 (강기성 (강기성 (강기성 (강기성
	Page 8 of 8

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<035>	The state of the s	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I es include ensuring the accuracy of the data reporting requirements provided to the authorized to the authorized agent is accurate.
Date:
Filing Due Date for this form:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Rep	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen		
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

١	INCAL	Coverage and	Charles and all I	
i	LUOUI	COVERAKE AND	renomiance	REDUIL
			Sec. 24. Sec. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	99 J. St. 1940 St.

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278015
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> < <c3> <d>> Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Population Resident Population Road Miles per Census covered per data is uploaded . Block Newly Population per Newly Reached Reached by per Census Census Block (yes/no) Census Block by Service Block Reached County Sabine Census Block Service State 0000 LA 0.0 Yes 0.0 0.0

Percentage of			
Total Population			
Reached by			
Service			

0			

Percentage of Total Road Miles covered by Service

0			
٠			

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 278015

County/State: Sabine, LA

Total Award Amount: \$85,806.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1	Fund - §54.1009 Annual Reporting lection Form		Avg. Burc	FCC Form Approved by OMB OMB 3060-1185 Ien Estimate per Respondent: 18 Hours
<010>	Study Area Code	278016		
<015>	Study Area Name	Central Louisiana Cellular, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	1) <040>)	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<020> <030>	Study Area Code		Page 2 of 8
<020> <030>	Study Area Code	278016	
<030>	Study Area Name	Central Louisiana Cellular, LLC	
	Program Year	2018	
	Contact Name - Person USAC should contact regarding the		
	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie	1. 1. 1. 000	
Reporting (Carrier / Mobility Fund Phase 1 Winning Bidder	d in data line <030> cstrausbauch@cellonenation.com	
<110>	FCC Registration Number	20165583	
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC	
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC	
<113>	Street Address (or PO Box)	900 West Valley Road, Suite 600	<u>.</u>
<114>	City	Wayne	
<115>	State	PA	
<116>	Zip-Code -	10987	
<117>	Telephone Number	5105356474 ext.	
<118>	Fax Number		
<119>	Email Address	5106885209 cstrausbaugh@cellonation.com	
<120> <121> <122> <123> <124> <125> <125> <127>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	had Strausbaugh entral Louisiana Cellular, LLC 00 West Valley Road Suite 600 ayne A 0987 105356474 ext. 106885209 strausbaugh@cellonation.com	
	Agent Information if no agent, indicate in this box		
	Name (First, MI, Last, Suffix)		
	Company		
	Street Address (or PO Box)		
	City		
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		

(060) Coverage and Performance Report	FCC Form 69Q Ap proved by OMB
	OMB Control No. 3060-1185 Page 3 of 8
2010	, age 3010

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	278016_CPRd_LA.zip
Coverage and Performace attachments	

							Road	Total Road	Certify that
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Miles per Census Block Newly	Miles covered per Census	Coverage and Performance is uploaded (Yes/no)
		33.333 3.0CK		Sy Service	Jet VICE	BIUCK	Reached	Block	
			(ee attach	ed works	neet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(OTO) II-b D. L. C Lift C III C II	
(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	este de la como de la Seria de Paris de Caracia de la como de la c
	Approved by OMB
	Approved by Cono
	OMB Control No. 3060-1185

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or En	nployee as to Compliance with 47 CFR §54.1009(a)	4)
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §54.100	09(a)(4), the information reported on this
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	с	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278016	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the re	ports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4)	on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize	to submit the certification on behalf of the reporting	carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of my	mowledge, the information reported herein is accurate	e.
Name of Reporting Carrier:	Manager and the second	
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act Title 18 of the United States Code, 18 U.S.C. § 1001.	t of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		278016	
<015>	Study Area Name	,	Central Louisiana Cellular, L	LC
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this dat	ta	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in d	lata line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in c	data line <030>	cstrausbaugh@cellonenation.co	
(033)	Contact Enter Address			
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation Name	e of Attached Docum	ment (.pdf)	
1145	If your company serves Tribal lands, please select (Yes, No, No each of these boxes to confirm the status described on the at PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	tached (Ye	or Select es, No, Not Applicable)	
<146>	community anchor institutions;	ı i ribal		
<147>	Feasibility and sustainability planning;	<u> </u>		

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

<148> <149>

<150>

<151>

<152>

<153> <154>

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	180936.00
<203>	Total Mobility Fund Support Disbursed	153469.92
<210>	Actual Completion Date	07/01/2015
<211>	Project Status Description (attached)	278016_PSD_LA.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

•

FCC Form 690	
(101) Certification - Reporting Carrier	rafi ya filozofia in 🖠
Approved by OMB	The first that the first of the second
Approveduty Clab	The second of th
나는 그는	and the second second second second
그들은 그는 사람들은 그는 사람들이 그렇게 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	2000 440F
OMB Control No. 3	3UbU~1185 1
나는 그는	/T/7/7/7/7/1
	4
Page 7 of 8	
나이트 마이트 등 작가는 그 등에는 그들은 이렇게 되었다. 이렇게 되었다. 이렇게 되었다면 하는 그리고 하는데 되었다. 그리고 그리고 있는데 되었다. 그리고 그리고 있는데 그리고 있다. 그리고 말로 모양도 시나 모 였다. 그리고 그리고 말로 모양도 시나 모 양도 보다.	TO ARREST WITH THE PARTY OF
【1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、	

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the perfect of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Central Louisiana Cellular, LLC			
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018		
Printed name of Authorized Officer:			
Title or position of Authorized Officer: Staff Counsel			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 278016	Filling Due Date for this form: 07/02/2018		

	FCC Form 690
(102) Certification - Agent / Carrier	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Auth	norized to File for Mobility Fund Recipients on Behalf of Rep	porting Carrier	
I, as agent for the reporting carrier, certify that I am aureported herein based on data provided by the reporting	thorized to submit the reports for Mobility Fund recipients on behalf ng carrier; and, to the best of my knowledge, the information reporte	of the reporting carrier; I have provided the data d herein is accurate.	
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
ignature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Ag	ent		
Telephone number of Authorized Agent or Employee of	Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

1	ACOL		282520			- 4000	1912/11/19	Repor	
3	UOU	LOV	erae	e ano	Репо	orma	nce i	cebor	Đ,
г	-0.57 TW			750 V 70 T	W	7.6.7.665	345.7	0.00	₹,

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278016
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a2> <a3> <b1> <b2> <b3> <c1> <<2> <a1> <c3> <d>> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Population Population per Census Resident **Road Miles** covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) County Sabine Census Block Census Block Reached State Service Block 0000 LA 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 278016

County/State: Sabine, LA

Total Award Amount: \$180,936.00

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form			
Mobility	Fund		Approved by OMB			
	§54.1009 Annual Reporting		OMB 3060-1185			
1	lection Form		Avg. Burden Estimate per Respondent: 18 Hours			
<010>	Study Area Code	278002				
<015>	Study Area Name	Central Louisiana Cellular, LLC	Accepted / Filed			
<020>	Program Year	2018	,			
<030>		Chad Strausbaugh	JUN 29 2018			
<035>		6105356474 ext.	Federal Communications Commission Office of the Secretary			
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com				
	<u> </u>					
<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>						
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>			
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>			
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	\circ			

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	278002		
<015>	Study Area Name	Central Louisi	ana Cellular, LLC	
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding th			
<035>	Contact Telephone Number - Number of person identifie	d to down the 2000s		
<039> Reporting	Contact Email Address - Email Address of person identifie Carrier / Mobility Fund Phase 1 Winning Bidder	u in data inie <0502 — cstrausbaudh@c	ellonenation.com	
<110>	FCC Registration Number	20165593		
<111>	Filing Carrier Name	Central Louisiana Cellular, LLC		
<112>	Winning Bidder Carrier Name	Central Louisiana Cellular, LLC		
<113>	-	900 West Valley Road, Suite 600		
<114>	City	Nayne		
<115>		PA .		
<116>		19087		
<117>	Talambana Number			
<118>	Fax Number	5105356474 ext.		
<119>	Email Address	5106885209		
11137	Elimin Address	estrausbaugh@cellonenation.com	· · · · · · · · · · · · · · · · · · ·	
<120> <121> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbaugh Central Louisiana Cellular, LLC CONTROL CONTROL CANADA		
	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>			· ·	
	City _			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-118 Page 3 of 8	35
--	----

<015> Study Area Name Central Louisiana Cellular, LLC <020> Program Year 2018 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	<010>	Study Area Code	278002
<030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	<015>	Study Area Name	Central Louisiana Cellular, LLC
<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	<020>	Program Year	2018
<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com	<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Email Address Email Address of person factorine 40009	<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<140> Coverage and Performance Report Year 08/2017 - 07/2018	<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
	<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
		278002_CPRd	_LA.zip
278002_CPRd_LA.zip			

Coverage and Performace attachments

Population Reached by

Service

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block		Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	<u> </u>				·					_
	-			9	ee attach	ed worksl	neet			
					oc attaon	od Worker	1000			
			. 44							
										-
	-			-1				-		-
		Percenta	ge of Total	0		Percentage (0		·

Road Miles covered by Service

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB	
OMB Control No. 3060-118:	5
Page 4 of 8	20.00

<010>	Study Area Code	278002
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or Em	ployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respon	nsibilities include ensuring compliance	with 47 CFR §54.1009(a)	(4), the information reported on this
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	278002	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize a	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Leartify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting ing carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punisl under	hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment r Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	o File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized data provided by the reporting carrier; and, to the best of m	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment undo Title 18 of the United States Code, 18 U.S.C. § 1001.

0 8 0) Tribe	al Lands Reporting		and the second of the second o	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code			
<015>	Study Area Code Study Area Name		278002 Central Louisiana Cellula	r LLC
<020>	Program Year		2018	1, 1110
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif			
<039>	Contact Email Address - Email Address of person identif	fied in data line	<030> cstrausbaugh@cellonenation	n.com
<142>	State	***************************************	WAR and the state of the state	
<143>	County			All and producting an
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attache	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,	No, Not Applica	ble) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	ribal		
	government parsonne to 3 34,2004 metades.			
			Select	
21.4C+			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo community anchor institutions;	cus on Tribal		
-1.47:				
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	ς.		

<154> Compliance with Tribal Business and Licensing requirements.

(d90) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	278002
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/08/2013
<201>	Targeted Completion Date	08/09/2015
<202>	Total Mobility Fund Support Awarded	149994 . 40
<203>	Total Mobility Fund Support Disbursed	109256.11
<210>	Actual Completion Date	08/04/2015
<211>	Project Status Description (attached)	278002_PSD_LA.pdf
	The state of the s	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	✓
<217>	Project Plan Status	/
<218>	Network will Support 3G/4G Mobile Service ?) 3G

•

(101) Certification - Reporting Carrier Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
--

<010>	Study Area Code	278002
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of th	e reporting requirements for Mobility Fund recipients: and, to the
best of my knowledge, the information reported on this form and in any attachments is accurate.	,
Name of Reporting Carrier: Central Louisiana Cellular, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 278002 Filing Due Date for th	is form: 07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

FCC Form 690	5 - 2 - 2-102 July 5 - 1
(102) Certification - Agent / Carrier	108 1 38 000 VANDA 1
(1)// Certification - Agent / Carrei	97 (10/20) 40/20 (10/20)
t	UNIVERSITY AND A SECOND
Approved by OMB	0.00 13-45 Philippin
· · · · · · · · · · · · · · · · · · ·	Aug 4 (87) 1986 A (10) (1)
11. 2000 Add	\$10.00 EX
OMB Control No. 3060-118	
4711 4 47114 47114 4714 4714 4714 4714 4	August State (St.) 15-1
	480 000 VOV.
Page 8 of 8	

<010>	Study Area Code	278002
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	020	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:	Name of Reporting Carrier:				
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ag	ent:				
Study Area Code of Reporting Carrier: Filing Due Date for this form:					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Attachments

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	278002
<015>		Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>		08/2017 - 07/2018

Certify that **Total Road** Coverage and Total Resident **Road Miles** Resident Miles Performacne Road Miles per Census Population covered per **Population** Resident data is uploaded per Census **Block Newly** Census Block **Newly Reached** Reached by Population per (yes/no) by Service Block Reached Service Census Block Census Biock State County Grant 0000 Yes 0 0 0.0 0.0 LA

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Central Louisiana Cellular, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Central Louisiana Cellular, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 278002

County/State: Grant, LA

Total Award Amount: \$149,994.40

Project Description

To date, Central Louisiana Cellular, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund			FCC Form Approved by OMB
'	§54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Burde	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	278003		Accepted / Filed
<015>	Study Area Name	Central Louisiana Cellular, LLC		
<020>	Program Year	2018		JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commissio Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>1)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	278003	
<015>	Study Area Name	Central Louisiana Cellular, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding thi		
<035>	Contact Telephone Number - Number of person identified		
<039>	Contact Email Address - Email Address of person identifie	din data line <u3u> cstrausbauqh@cellonenation.com</u3u>	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number	0165583	
<111>	Filing Carrier Name	entral Louisiana Cellular, LLC	
<112>		entral Louisiana Cellular, LLC	
<113>		00 West Valley Road, Suite 600	
<114>	-	ayne	
<115>	-	A	
<116>		9087	
<117>	Talambana Number	105356474 ext.	··· ·· ··
<118>	Fay Number		
<119>	Email Address	106885209	
		strausbaugh@cellonenation.com	
<120> <121>	Filing Carrier Name	nad Strausbaugh entral Louisiana Cellular, LLC	
<122>		00 West Valley Road Suite 600	
<123>	-	ayne	
<124>	State	<u> </u>	
<125>	Zip-Code <u>1</u>	9087	
<126>	Telephone Number	105356474 ext.	
<127>	Fax Number 6	106885209	
<128>	Email Address	strausbaugh@cellonenation.com	
Authorize	d Agent Information if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)		
<131>	Company		
<132>	Street Address (or PO Box)		
<133>	City		
<134>	State		
<135>	Zip-Code		
<136>	Telephone Number		
<137>	Fax Number		
<138>	Email Address		
	_		

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	278003
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	278003_CPRd_LA.zip
Coverage and Performace attachments	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road	Road Miles per Census Block Newly	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				9	see attach	ed worksl	neet			
					1	ļ		ļ		
		<u> </u>								
							<u> </u>	†		

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
--

<010>	Study Area Code	278003
<015>	Study Area Name	Central Louisiana Cellular, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Fmail Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of	the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §5	54.1009(a)(4), the information reported on this
form and in any attachments is accurate.	w		
Name of Reporting Carrier: Cent	ral Louisiana Cellular, LL	С	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	278003	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of r	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or ly knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	st:
Study Area Code of Reporting Carrier:	Filing Due Date for this form: